

# Notification of Application for Grant Funds/Awards, 2011-12



Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

Instructions at [http://www.osbm.state.nc.us/files/pdf\\_files/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf)

- 1 Department .....
- 2 Division (*except in DHHS*).....  
DHHS only, choose division from drop down list.....
- 3 Contact person (*name*) .....
- 4 Phone number .....
- 5 E-mail .....
- 6 Funding Entity (grantor) .....
- 7 CFDA number.....
- 8 Grant title .....
- 9 Grant application deadline (*MM/DD/YY*) .....
- 10 Start date of grant (*MM/DD/YY*) .....
- 11 End date of grant (*MM/DD/YY*) .....
- 12 Application type .....
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (*XXXXX*).....
- 15 Fund code (*XXXX or NA*) .....
- 16 Is there a state matching requirement? .....
- 17 If yes, what is the matching requirement? .....
- 18 If yes, what is the source of state funds being used to match grant funds. ....
- 19 Is there a maintenance of effort (MOE) requirement? .....
- 20 If yes, what is the MOE? .....
- 21 Is an additional General Fund appropriation required to meet the state match requirement? .....
- 22 Will any of these funds be passed through to local governments or non-state entities? .....
- 23 If yes, identify affected entities by type .....
- 24 Will additional state monies be required to continue the program if grant expires or is reduced? .....
- 25 If yes, is this a requirement of the grant? .....
- 26 Are new FTEs funded through the grant?.....

Department of Insurance
Administration Services Division
Ben Popkin
715-8967 x.252
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U.S. Department of Health and Human Services
93.525
Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges
06/30/11
08/15/11
08/14/12
New
No
13900
1300
No
No
No
Yes
private non-profit AND other state agency
No
Yes

	SFY 2010-11 Actual	For 2011-12 Complete <u>either</u> Authorized or Proposed		SFY 2012-13 Proposed	SFY 2013-14 Proposed	SFY 2014-15 Proposed
		SFY 2011-12 Authorized	SFY 2011-12 Proposed			
27 If yes, give the number by type for each year: <i>Permanent</i>						
<i>Time-Limited</i>		15.000		0.000		
28 Amount of grants funds <u>applied for</u> in each year .....		\$12,396,019.00				
29 Amount of grants funds <u>awarded</u> in each year .....		\$12,396,019.00				
30 Purpose of grant or amendment .....	Purpose of grant is to plan for creation of State-Operated Health Benefit Exchange (HBE), which will offer an accessible way for individuals and small employers to obtain affordable health insurance coverage. With federal funding, NCDOI will develop requirements for Exchange business and IT systems needs, hire key planning staff, engage statewide stakeholders, and plan for start-up and financial sustainability of the Exchange in the future.					
31 Comments .....	NCDOI will hire 15 full-time, time limited staff for HBE planning during the 2011-2012 SFY. NCDOI will contract with NC Department of Health and Human Services (NCDHHS) and NC Institute of Medicine (NCIOM) for services under the grant.					

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.